



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 056800004

CITY OR TOWN KINGSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE AMERICAN LEGION GOVONI POST # 387, INC.

DOING BUSINESS AS

ADDRESS 94 MAIN ST.

CITY/TOWN: KINGSTON

STATE: MA

ZIP CODE: 02364

MANAGER: FOSSETTI JR.,
PETER J.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG; BAR AND LOUNGE AREA AND RECREATION AREA. HALF BASEMENT
USED FOR MEETING OF POST. ENTRANCE ON MAIN ST. LEFT SIDE ENTRANCE AND JUST
BEYOND SIDE ENTRANCE IS ENTRANCE TO BASEMENT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 056800005

CITY OR TOWN KINGSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RE-PETE INC.

DOING BUSINESS AS THE CHARLIE HORSE

ADDRESS 99 MAIN ST.

CITY/TOWN: KINGSTON

STATE: MA

ZIP CODE: 02364

MANAGER: BEATON, MARK

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3 STORY BLDG; BASEMENT FOR STORAGE ; FIRST FLOOR, 3 ROOM DINING ROOM, BAR, KITCHEN AND OFFICE, LIQUOR STORAGE. 2ND FLR; STORAGE 5 ENTRANCES, FRONT DOOR, 2 EMERGENCY EXITS, KITCHEN, BACK DOOR, BULKHEAD FROM CELLAR To include a 1500 sq ft patio

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 056800006

CITY OR TOWN KINGSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: P AND J.V. OF KINGSTON, INC.

DOING BUSINESS A MAMMA MIA PIZZA

ADDRESS 134 MAIN ST.

CITY/TOWN: KINGSTON

STATE: MA

ZIP CODE: 02364

MANAGER: VISCARIELLO,
SALVATORE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3 FLOOR WOOD FRAME BUILDING; FIRST FLOOR RESTAURANT, BAR, KITCHEN AND RESTROOMS. 2ND FLR; FUNCTION ROOM AND STORAGE. 3RD FLR STORAGE. MAIN ENTRANCE CORNER OF THOMAS AND MAIN STS. FIRST FLOOR KITCHEN DOOR AND 2ND FLR SERVICE DOOR FOR EMPLOYEES, SUPPLIES, ETC

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 056800008

CITY OR TOWN KINGSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: UNION GROVE CLUB INC.

DOING BUSINESS AS

ADDRESS KINGSTON ST.

CITY/TOWN: KINGSTON

STATE: MA

ZIP CODE: 02364

MANAGER: BRADFORD,
HENRY C.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR WITH STOREROOM, DANCE FLOOR, CLUB ROOM, BAR, STOREROOM FOR LIQUOR BEHIND BAR, 2 REST- ROOMS, CELLAR FOR STORAGE. 3 ENTRANCES AND EXITS

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EMPLOYER IDENTIFICATION NUMBER:

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LICENSE NUMBER: 056800010

CITY OR TOWN KINGSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HILLTOP ATHLETIC ASSOCIATION, INC.

DOING BUSINESS AS

ADDRESS 65 POTTLE ST.

CITY/TOWN: KINGSTON

STATE: MA

ZIP CODE: 02364

MANAGER: SALVAGGI, RYAN TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 STORY FRAME BUILDING, 2 ENTRANCES AND 3 EXITS, READING ROOM, BOILER AND TOILETS IN BASEMENT, DANCE HALL, 2 TOILETS, STOREROOM ON 2ND FLR AND NEW ADDITION CONSISTING OF ONE STORY WITH BASEMENT. 2 EXITS AND OUTSIDE RAMP FOR HANDICAPPED PERSONS

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 056800012

CITY OR TOWN KINGSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KINGSTON COLUMBIAN BUILDING ASSOCIATION

DOING BUSINESS AS KNIGHTS OF COLUMBUS

ADDRESS 91 SOUTH ST.

CITY/TOWN: KINGSTON

STATE: MA

ZIP CODE: 02364

MANAGER: SMOLIC, JOSEPH W. TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY METAL BLDG WITH BASEMENT. TOP FLOOR-HALL, BAR, AND KITCHEN;
FOYER, OFFICE, RESTROOMS BASEMENT, HALL, FURNACE ROOM, LIQUOR STORAGE,
PAPER GOODS SUPPLY ROOM AND BEANO ROOM

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 056800015

CITY OR TOWN KINGSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KTC, INC.

DOING BUSINESS A KINGSBURY CLUB

ADDRESS 186 SUMMER ST.

CITY/TOWN: KINGSTON

STATE: MA

ZIP CODE: 02364

MANAGER: JANJIGIAN,
ROBERT

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

6 indoor tennis courts, club house, 1st flr office, locker rooms and downstairs lounge. 2nd flr; restrooms, function hall, bar and caterers kitchen. 1st flr pool and 2nd day spa

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 056800016

CITY OR TOWN KINGSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ROYAL GARDEN RESTAURANT, INC.

DOING BUSINESS AS

ADDRESS 3 TREMONT ST

CITY/TOWN: KINGSTON

STATE: MA

ZIP CODE: 02364

MANAGER: LEE, PING C.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG; 1/2 BASEMENT INCLUDING KITCHEN, DINING ROOM, LOUNGE, SMALL OFFICE AND 4 RESTROOMS, 4 ENTRANCES AND EXITS. ONE FRONT, 2 REAR, 1 STREET SIDE OF BUILDING. NEW ADDITION. FUNCTION ROOM SERVING FOOD AND LIQUOR, MAX SEATING 65 PEOPLE. STORAGE ROOM. FUNCTION RM/ OUTDOOR DECK AREA.

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 056800017

CITY OR TOWN KINGSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KINGSTON LIQUORS, INC.

DOING BUSINESS AS KINGSTON LIQUORS

ADDRESS 179 SUMMER STREET

CITY/TOWN: KINGSTON

STATE: MA

ZIP CODE: 02364

MANAGER: WHITE, WILLIAM TYPE OF LICENSE: Package Store CATEGORY: All Alcohol
H

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

60'X60' ONE FLOOR WITH REAR DOOR, NO CELLAR WITH STORAGE AREA IN REAR.

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 056800019

CITY OR TOWN KINGSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VS LIQUORS INC

DOING BUSINESS AS MYETTE'S COUNTRY LIQUORS

ADDRESS 66 MAIN ST

CITY/TOWN: KINGSTON

STATE: MA

ZIP CODE: 02364

MANAGER: PATEL, FALU R.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 STORY FRAME STRUCTURE INCLUDING A 1ST FLR RETAIL PACKAGE GOODS OUTLET
WITH A MAIN ENTRANCE FRONTING ON MAIN ST AND FIRE EXIT TO SIDE AS WELL AS
2ND FLR- 3 BEDROOM APARTMENT

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TELEPHONE NUMBER:

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(If disapproved explain)

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 056800020

CITY OR TOWN KINGSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SUNSHINE LIQUORS, INC

DOING BUSINESS AS SUNSHINE LIQUORS

ADDRESS 133 MAIN ST

CITY/TOWN: KINGSTON

STATE: MA

ZIP CODE: 02364

MANAGER: BIVIANO,
RICHARD

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BLDG - STORE LOCATED ON FIRST FLOOR, CONSISTING OF MAIN ROOM,
OFFICE BACKROOM, CELLAR FOR STORAGE. ENTRANCE AND EXIT FACING WEST AND
ENTRANCE ON NORTH

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 056800021

CITY OR TOWN KINGSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VMO ASSOCIATES, INC.

DOING BUSINESS AS EMPIRE WINE & SPIRITS

ADDRESS 00164B SUMMER STREET

CITY/TOWN: KINGSTON

STATE: MA

ZIP CODE: 02364

MANAGER: MCMENAMY,
VICKI C.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

6200 SQ FT WITH ONE ENTRANCE AND EXIT IN FRONT, STORAGE AREA WITH COOLERS
IN REAR ALONG WITH TWO EXITS, DELIVERY DOORS IN REAR, TWO RESTROOMS IN
BACK

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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DISAPPROVED: ☐

(If disapproved explain)

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By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 056800022

CITY OR TOWN KINGSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GARMONALK,INC.

DOING BUSINESS A Trakside Liquors

ADDRESS 58 SUMMER ST

CITY/TOWN: KINGSTON

STATE: MA

ZIP CODE: 02364

MANAGER: MONSINI,
MARYBETH

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR WITH 1178 SQ FT OF RETAIL SPACE AND 1500 SQ FT OF BOTTLE RETURN AND RESERVE STOCK SPACE, FRONT, SIDE AND REAR EXITS, ACCESS TO RETAIL AREA ON SUMMER STREET. FRONT OF BUILDING AND HANDICAP ACCESS ON THE SIDE OF BUILDING

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 056800027

CITY OR TOWN KINGSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ARCADIA FOODS INC.

DOING BUSINESS AS PAISANO'S

ADDRESS 6 PEMBROKE ST

CITY/TOWN: KINGSTON

STATE: MA

ZIP CODE: 02364

MANAGER: TSEKERIS, JAMES TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY WOOD FRAME BLDG WITH KITCHEN AND DINING ROOM ON FIRST FLOOR,
OFFICE AND STORAGE ON SECOND FLOOR, CELLAR. EXITS ON EACH END OF DINING
ROOM AS WELL AS KITCHEN

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DISAPPROVED: ☐

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 056800030

CITY OR TOWN KINGSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PETE'S RETREAT, INC

DOING BUSINESS AS

ADDRESS 42 ELM ST

CITY/TOWN: KINGSTON

STATE: MA

ZIP CODE: 02364

MANAGER: BEATON, MARK

TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

6800 SQ FT BLDG WITH MAIN ROOM AND PAVED MAIN ENTRANCE/EXIT IS
HANDICAPPED ACCESSIBLE. ADDITIONAL EXIT ON EACH SIDE OF BLDG, ONE FOR
EMPLOYEES AND THE OTHER FOR THE PUBLIC

I hereby certify and swear under penalties of perjury that:

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Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 056800032

CITY OR TOWN KINGSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MAMMA CARMELA'S INC

DOING BUSINESS AS

ADDRESS 00136A MAIN ST

CITY/TOWN: KINGSTON

STATE: MA

ZIP CODE: 02364

MANAGER: VISCARIELLO,
ANTONIO

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST FLR; MAIN DINING ROOM, BAR, KITCHEN, SMALL DINING ROOM, RESTROOMS AND
OFFICE WITH MAIN ENTRANCE AND EXIT NORTH FRONT ON MAIN ST, REAR LOADING
AND SERVICE ENTRANCE AND EXIT TO KITCHEN AREA, REAR EMERGENCY EXIT,
SECOND FLOOR STORAGE AREA

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 056800034

CITY OR TOWN KINGSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RA LIQUORS, INC.

DOING BUSINESS AS WHIT'S MARKET

ADDRESS 00054A PEMBROKE ST

CITY/TOWN: KINGSTON

STATE: MA

ZIP CODE: 02364

MANAGER: PATEL,

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

VIVEKANAND R.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FRONT MAIN ENTRANCE, ONE SIDE DOOR AND ONE BACK EXIT 2100 SQ FT OF RETAIL SPACE PLUS TWO COOLERS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 056800037

CITY OR TOWN KINGSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: INDIAN POND COUNTRY CLUB, INC.

DOING BUSINESS AS Blackstones

ADDRESS 60 COUNTRY CLUB ROAD

CITY/TOWN: KINGSTON

STATE: MA

ZIP CODE: 02364

MANAGER: TONSBURG,
FREDERICK M.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST FLOOR MAIN DINING ROOM, BAR, KITCHEN, RESTROOMS, 2 FRONT
EXITS/ENTERENCES, 1 REAR EXIT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 056800038

CITY OR TOWN KINGSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: INDIAN POND COUNTRY CLUB, INC

DOING BUSINESS AS

ADDRESS 60 COUNTRY CLUB RD

CITY/TOWN: KINGSTON

STATE: MA

ZIP CODE: 02364

MANAGER: TONSBURG,
FREDERICK W.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN DINING AREA, PUB AREA, BAR, KITCHEN, RESTROOM, OFFICE STORAGE, 4 REAR
EXITS SIDE LOADING AND SERVICES.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 056800039

CITY OR TOWN KINGSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: INDIAN POND COUNTRY CLUB, INC.

DOING BUSINESS A FUNCTION ROOM

ADDRESS 60 COUNTRY CLUB WAY,

CITY/TOWN: KINGSTON

STATE: MA

ZIP CODE: 02364

MANAGER: GRIFFIN,
KATHLEEN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO LEVELS; MAN LEVEL- GRAND FOYER, GRAND BALLROOM, FUNCTION ROOM BARS, KITCHEN, RESTROOMS, 2 OFFICES, SITTING AREA, BRIDAL SUITE, 3 FLOOR EXITS/ ENTRANCES, 5 REAR EXITS/ ENTRANCES, LOWER LEVEL. FUNCTION KITCHEN, SERVICE ELEVATOR AND LOADING DOCKS.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 056800041

CITY OR TOWN KINGSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JOHN T CATALDI RESTAURANT, INC.

DOING BUSINESS AS SOLSTICE RESTAURANT

ADDRESS 63 SUMMER STREET

CITY/TOWN: KINGSTON

STATE: MA

ZIP CODE: 02364

MANAGER: CATALDI, JOHN T TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO DINING ROOMS ON FIRST FLOOR, ONE BAR AREA, 2 BATH ROOMS IN FRONT, ONE UNI-SEX HANDICAPPED TOWARD REAR. ONE ENTRANCE AT FRONT, TWO EMERGENCY EXITS IN REAR. KITCHEN IN REAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 056800043

CITY OR TOWN KINGSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Ruelas, Inc

DOING BUSINESS A Cancun

ADDRESS 145 main st

CITY/TOWN: KINGSTON

STATE: MA

ZIP CODE: 02364

MANAGER: Sandoval, Ezequiel

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

one story bldg with counter; two dining rooms, one cocktail lounge, kitchen and cellar for storage; one front entrance and one side and rear entrance. Cocktail lounge for dining purposes only

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 056800044

CITY OR TOWN KINGSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KINGSTON TEN PIN LLC

DOING BUSINESS AS

ADDRESS 7 TARKLIN ROAD

CITY/TOWN: KINGSTON

STATE: MA

ZIP CODE: 02364

MANAGER: MC

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

DEVITT, KAREN

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

13,650 SQ FT. BLDG., TEN PIN BOWLING CENTER OFFICE MEETING. ENTERTAINMENT
ROOM: 2 BATHROOMS, 3 EXITS, FRONT DOUBLE GLASS DOOR & A SINGLE GLASS DOOR;
REAR METAL GARAGE DOOR. APPROVAL SUBJECT TO : 2 STAFF MEMBERS DEDICATED
TO SERVICE OF BEER & WINE AT ALL TIMES.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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Alcoholic Beverages Control Commission
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www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 056800045

CITY OR TOWN KINGSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ALLEY KAT LANES LLC

DOING BUSINESS AS

ADDRESS 7 TARKILN ROAD

CITY/TOWN: KINGSTON

STATE: MA

ZIP CODE: 02364

MANAGER: CLUFF,PA,E;A

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

23,000 SQ. FT. BLDG.,CANDLE PIN BOWLING CENTER,OFFICE,MEETING/ENTERTAINMENT
ROOM,3 BATHROOMS,5 EXITS,1 SET OF DOUBLE GLASS DOOR & 3 SINGLE DOORS,AND
REAR METAL GARAGE DOOR.APPROVAL SUBJECT TO :2 STAFF MEMBERS DEDICATED
TO SERVICE OF BEER & WINE AT ALL TIMES.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 056800046

CITY OR TOWN KINGSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LA PALOMA KINGSTON INC.

DOING BUSINESS A LA PALOMA MEXICN RESTAURANT

ADDRESS 114 MAIN STREET

CITY/TOWN: KINGSTON

STATE: MA

ZIP CODE: 02364

MANAGER: WALSH,
MICHAEL T.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BRICK BUILDING...INCLUDES KITCHEN, DINING ROOM, STORAGE, OFFICES,
TWO RESTROOMS, AND ONE EMERGENCY EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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(If disapproved explain)

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By:

DATE: